

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Sept. 13, 2017 Case Number: 18-19

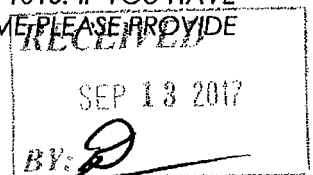
**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: \_\_\_\_\_  
Premise Name: Pet Urgent Care  
Premise Address: 20811 N. Cave Creek Rd Suite 105  
City: Phoenix State: AZ Zip Code: 85024  
Telephone: 602-687-7761

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Daniel & Melissa Kuret  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME, PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



**C. PATIENT INFORMATION (1):**

Name: Rocky Kuret  
Breed/Species: Labrador  
Age: 8 Sex: M Color: Silver (Brown)

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Harrold at Shea Animal Hospital

Dr. Herrera at Blue Pearl Emergency Animal Hospital

Dr. Adriana Stinnett at Pet Urgent Care

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Dr. Harrold at Shea Animal Hospital

Dr. Herrera at Blue Pearl Emergency Animal Hospital

Dr. Adriana Stinnett at Pet Urgent Care

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Melissa Hmet

Date: 9/10/17

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Our dog, Rocky, was taken to our normal vet at Shea Animal Hospital on 8/14 because we believed he had eaten baby wipes and had stopped eating and pooping for a few days. Dr. Harrold was very concerned and agreed based on the X-rays that Rocky did have a foreign body in his intestines and thought that Rocky needed surgery ASAP. Due to the severity of Rocky's condition and the inability for Shea to perform the surgery that day, we were referred to Pet Urgent Care. When we arrived at Pet Urgent Care, the doctor suggested we do a Barium study before surgery because she wasn't positive something was actually stuck in his intestines. The barium slowly got through his intestines and we picked Rocky up at 9pm that night. He had now gone 5 days without food and we, along with our vet Dr. Herrold, were very concerned about that. He became very ill that night and a white substance coming out both ends during the night. The Pet Urgent Care did not reopen until 12 the next day so we returned at that time because we knew he wasn't doing well and needed to have surgery. He didn't go into surgery until about 5pm that night and stayed overnight at the facility. We talked to the doctor immediately following the surgery and she was very worried about infection due to they type of surgery and was going to have someone stay and monitor Rocky that night. I called numerous times the next morning and left messages at the office and with the emergency contact without an answer or a call back to let us know how Rocky did during the night. My husband and I had to go to the Vet after they had opened to find out how Rocky was doing. Stormy in the front office at Pet Urgent Care was very flustered and not sure if Rocky was supposed to stay or be discharged upon our initial arrive. She then read the chart and informed us he was to stay and be monitored the rest of the day. We picked Rocky up at 6pm and the office staff claimed Rocky had eaten and was to eat small meals and limited fluids that night along with a few different medicines. I was never able to get Rocky to eat and had to shove his medicine down his throat. He was dying of thirst and only wanted to drink water. He was panting uncontrollably and struggled to even lay down. We had to force him to lay down because he only wanted to stand and try and drink water. By about 12am he was in so much pain he moaning and crying louder than we had ever heard before. At 8am we brought Rocky back to Shea Animal Hospital because Pet Urgent Care did not open until 12pm. He had gained 7lbs since surgery (all fluid). Our doctor monitored him for about an hour and realized something was seriously wrong, he wasn't doing well and progressively getting worse very quickly so I took him to Blue Pearl (again Pet Urgent Care was not open at this time). Rocky was brought out on a stretcher barely hanging on. I believe he was almost dead in my car as I drove to Blue Pearl. After arriving at Blue Pearl, they aspirated his stomach and he was full of fluid and was septic. His blood pressure was too low to perform surgery and he was severely dehydrated. Blue Pearl said his chances were slim at surviving another surgery if they could get his blood pressure up enough to even perform the surgery. He would have to stay in the ICU with a feeding tube and drains with a less than 40% chance of survival. We opted to have Rocky put to sleep and out of his misery because the likelihood of survival was very slim and he was already in so much pain. We believe the after care at Pet Urgent Care was less than par. They released Rocky with a fever and elevated white blood cells without performing any kind of ultrasound to make sure his intestines were holding from the surgery. Their communication with us was also horrible as we had to come to their office at the time they opened to even know if our dog had survived the night after surgery. When calling to inquire about what had gone wrong and why they hadn't kept Rocky longer post surgery. They basically informed us they thought he was fine and "acting himself" when he was released. This is an emergency vet who did not know what my dog's "normal" was but he came out tail between his legs ears down and

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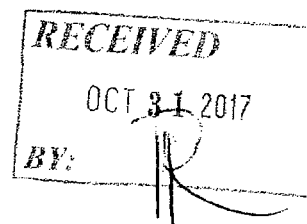
"acting himself" when he was released. This is an emergency vet who did not know what my dog's "normal" was but he came out tail between his legs, ears down and severely panting. This was not normal behavior, but I am not a doctor so we trusted they knew what was right of him. They also told us that we had taken him to another place when he should have still been under their care, but they were closed and our dog was dying what were we supposed to do? I have two young children who had to experience a horrible horrible suffering of their beloved dog. I do not want any other family to be treated the way Rocky was treated by Pet Urgent Care. I believe had he had surgery at Shea Animal Hospital or Blue Pearl his chances of surviving would have been far greater but with his poor post surgical care at Pet Urgent Care, he wasn't even given a fighting chance. This was a perfectly healthy dog as our vet can attest. He had no health issues that would have made this surgery any more difficult or that would effect his chances of survival. Please investigate this situation so that this does not happen to any other family or dog. No animal or family should have to go through what Rocky went through. Dr. Harrold and myself have been trying to get a hold of the owner since Rocky's passing. He called each of us back saying he would investigate the situation, but is now not returning our calls.



Pet Urgent Care  
20811 N Cave Creek Rd.  
602-687-7761  
PetVetNow.com

September 23, 2017

Arizona State Veterinary Medical Examining Board  
9535 E. Doubletree Ranch Rd., Suite 100  
Scottsdale, AZ 85258



Re: Complaint investigation 18-19

A complaint has been filed against me in regards to patient Rocky Kuret 8yr MC Labrador Retriever. With regard to case management for Rocky, I was not directly involved. I had never met the dog nor the owner until after the incident, and interfaced with him purely from the perspective of practice owner and conflict resolution. I did have a brief communication with Dr. Stinnett after the dog presented to the clinic; I was out of town, and they had texted me images of the survey radiographs for my opinion. My comments were that there was an unusual gas pattern compatible with ileus and potentially obstruction. However seeing suspected plication on the left side of the abdomen I noted is very unusual and not typical of most linear foreign bodies (this was one of the concerns), as they typically arise from entlodgement of the proximal end of the foreign body in the stomach and the string component extending down the duodenum causing plication (right side abdomen). Because the images were not clear-cut, and Dr. Stinnett left me with the impression that clinically the dog was not in poor condition (ie not an acute abdomen), my recommendation was to consider a barium study for more definitive diagnosis and make herself and the owner more comfortable with the potential decision to proceed to surgery. We had a brief discussion regarding the pros and cons of this versus proceeding directly to exploratory laparotomy, and my recommendation was to have a discussion with the owner regarding the 2 options and have them co-participate in the decision, because in some cases cost will be the driving force, and in other cases avoiding unnecessary surgery will be the driving force. Dr. Stinnett had this conversation with the owner and an agreement was made to proceed on with the barium study. At completion of the contrast study the following day there was now more compelling evidence of a foreign body (more typical plication of bowel on the right side), and clinically Rocky's condition had not improved, so exploratory laparotomy was recommended.

At surgery, the foreign material was removed via several enterotomies. Dr. Stinnett's assessment of the viscera was that they appeared generally healthy, and she had no marked concern about intestinal viability entering into the postoperative period. On my review of the record, both preoperative and intraoperative assessment of patient parameters do not indicate a patient in severe condition. Overnight, the records show that Rocky did extremely well, and that was the comment made by both of the nurses that were assigned to his care when I inquired about their perspective on things. Likewise, the veterinarian on-duty the following day (Dr. Rudy Kirkhope) felt Rocky's clinical condition was good and that it was appropriate for him to be dismissed from the hospital (seemingly supported by physical exam findings in the records). Based on my review of the records and speaking to the veterinarians involved it did not appear that development of a severe complication could be reasonably anticipated.

The owner, in their allegations, also made multiple comments about attempting to reach the office unsuccessfully. Dr. Stinnett had made specific comment to the owners regarding our hospital hours and when the phones are answered. There are also phone messages after hours directing cases to a 24 hour

emergency hospital across the street if needed, and the option to call our office manager/head technicians cell phone. However, in spite of our official policy, when we have an animal staying in the hospital overnight the nurse will typically answer the telephone; the only scenario where the phone will rollover to voicemail is if staff is tied up with patient management or assisting a client. This did not occur with the overnight nurse but did occur with the morning nurse where several people showed up at once and were waiting right at opening time, and several phone calls occurred simultaneously. So the comment that the owner made about calling "numerous times" the next morning had to have taken place in a ~30 minute time window during this period. With regard to leaving a message with the emergency contact, my office manager had received no calls/messages on either of the overnights in question. Contrary to the owner's opinion, I believe we have above-average communication channels with multiple options to seek help through us or an emergency clinic.

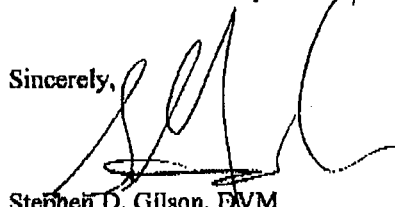
As an additional final note there are a few inaccurate/questionable statements in the owner allegations that I want to just make brief note of:

- Rocky did not have a fever at the time of discharge or at any time during his tenure with us. In fact review of his vital signs throughout his hospitalization show steady good values.
- The elevated white blood cell count was in range typical of a postoperative patient, particularly when excluding the lymphocyte count and considering only the neutrophil count.
- Dr. Harrold has been advising the owner about the case. Enclosed is a written communication I made to her and Shea Animal Hospital after I reviewed the records, addressing my opinion versus hers about the case, and about the dangers of trying to second-guess a clinician in charge of a case from an "armchair quarterback" position- not knowing what discussions have taken place regarding risk, costs, etc.
- The owner spent significant time detailing the severity of Rocky's condition after surgery. I find it surprising they did not seek consultation with Dr. Kirkhope at the time of dismissal or for the four additional hours that we were open after Rocky was discharged, nor did they seek care at an emergency clinic overnight but rather re-presented to Shea Animal Hospital in the morning. Also curious is that Shea Animal Hospital kept Rocky in hospital for an hour before referring them on to an emergency facility- seems unusual if the dog's clinical condition was as severe as the owner portrays.
- The statement was made that the owner "had to come to our hospital to even know if Rocky had survived the night after surgery"- there is an element of embellishment here as Dr. Stinnett had spoken to the owners after surgery and advised them that if his clinical condition was stable through the night they would hear an update from the doctor on duty the following day when he arrived. If there were any significant changes overnight the doctor on duty would be contacted and the owners would be made aware of changes in circumstances. They were most definitely not left in the lurch as they imply in their statement.
- Another small point is that they made note Rocky was panting severely at the time of discharge, when I questioned the technician and veterinarian on-duty at the time of discharge neither of them witnessed any panting or other signs of discomfort or physiologic distress. At the time of discharge they described the dog as quiet/sedate (owner were advised that he had been given buprenorphine), however he was wagging his tail and seemed stable in all other respects.
- Another incongruity or sign of embellishment is the owner's comments about "he was a perfectly healthy dog that had no health issues that would have made the surgery more difficult or would affect his chances of survival", though earlier in their claim they note that he had "gone 5 days without food"
- The final comment that is inaccurate is that Dr. Harrold and the owner had been trying to get a hold of me since Rocky passed and that I would not return their calls. I had spoken with both of them either by phone or in person initially, and only kept subsequent communications in written form after it became apparent relations were likely to become toxic. There was some time delay

between my initial communication with Dr. Harrold as I was out of town at the time, and also because upon my return several days later I had to contact each of the veterinarians involved only work part-time for us, and I also wished to speak to the lay staff that was involved- some of whom were not scheduled to work for several days. I believe that throughout my involvement with the owners and Dr. Harrold I have pursued things with vigor and been very transparent with regard to my communications to both (written communications made to each enclosed for board review). Unfortunately, my conclusions were not the same as theirs, which has in part lead to this current complaint.

I hope the information provided helps the Board see this case for its true standing. If you require any additional information please feel free to contact me.

Sincerely,



Stephen D. Gilson, DVM  
Diplomate, American College of Veterinary Surgeons  
ACVS Founding Fellow in Surgical Oncology

SDG:je

Records / CD form w/ images also Enclosed. &



**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., STE. 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039  
VETBOARD.AZ.GOV

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Alex Casuccio, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christine Butkiewicz, D.V.M.  
Mary Williams - **Recused**  
Ed Hunter, R.Ph

**STAFF PRESENT:** Tracy A. Riendeau, CVT, Investigations  
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18-19  
Complainant(s): Daniel and Melissa Kuret  
Respondent(s): Stephen Gilson, D.V.M. (License: 1970)

#### **SUMMARY:**

Complaint Received at Board Office: 9/13/17  
Committee Discussion: 12/12/17  
Board IIR: 2/21/18

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow).

On August 14, 2017, "Rocky," an 8-year-old male Labrador was presented to Respondent's premise on referral for an exploratory laparotomy. Diagnostics were performed and the dog was discharged. The following day the dog returned, surgery was performed by Respondent's associate and the dog was discharged on August 16, 2017.

Due to the dog's declining condition, he was euthanized the following day.

Complainant contends Respondent's conduct was unprofessional. Respondent is the responsible veterinarian for the premise.

**Complainant was noticed and appeared.**  
**Respondent was noticed and did not appear.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Daniel and Melissa Kuret*
- Respondent(s) narrative/medical record: *Stephen Gilson, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On August 14, 2017, the dog was presented to Respondent's associate on referral from Shea Animal Hospital for possible exploratory laparotomy. It was suspected that the dog ate a bag of baby wipes several days earlier and the dog had stopped eating. Radiographs revealed possible string foreign body; surgery was recommended but could not be performed at Shea Animal Hospital therefore the dog was sent to Pet Urgent Care for evaluation.

2. Upon exam, the dog had a weight = 84 pounds, a temperature = 102.4 degrees, a heart rate = 126bpm and a respiration rate = pant. The dog had a previous foreign body surgery. Abdominal palpation seemed touchy caudally. The dog was engaged, actively walking around exam room anxiously, and appeared bright. Dr. Stinnett discussed with Complainants not taking the dog straight to surgery without giving the dog the chance to improve with medical treatment. They discussed going straight to surgery versus barium series and outpatient therapy, since there was the possibility that it was an ileus. Complainants approved barium series and the dog was hospitalized for diagnostics and IV therapy which included IV fluids bolus then maintenance, IV famotidine and cerenia and barium. Blood was also collected for testing.

3. Radiographs revealed the barium passing with evidence of the bowel taking up more barium in the small bowel. Dr. Stinnett reviewed the radiographs with Complainants – the dog appeared bright and the barium was traveling therefore they opted to hold off on surgery. The plan was to send the dog home on GI protectants and return the following day for additional radiographs and to evaluate the dog clinically. It would be determined at that time if exploratory surgery was warranted.

4. On August 15, 2017, the dog was presented to Dr. Stinnett for a recheck and repeat radiographs. Upon exam, the dog had a weight = 84 pounds, a temperature = 102.6 degrees, a heart rate = 126bpm and a respiration rate = pant. The dog was bright, walking anxiously around and had malodorous breath with slightly dry mucous membranes. Radiographs revealed the barium had made its way into the colon. Dr. Stinnett relayed to Complainants that based on the radiographs and the dog's decline, looking depressed and vomiting at home, surgery was recommended.

5. Dr. Stinnett had sent the radiographs to Respondent for his opinion, who suggested the small bowel could possibly show plication and suggested it may be best to explore the abdomen.

6. Complainants approved surgery. A ventral midline incision was made; bowel showed a plicated jejunum that appeared pink, moist and essentially overall healthy. Although enterotomies were required, the bowel did not require anastomosis. The first enterotomy was made at the large curvature of the stomach where baby wipes were removed along with a barium, grass and twigs. The second, third and fourth enterotomies were made and more baby wipes were removed. Closures were uncomplicated and enterotomy sites were checked for patency. A friable perforation in a segment of the bowel closer to the end of the jejunum was noted. It was suspected that intestinal contents may have or had been leaking into the abdominal cavity. More baby wipes were removed from this perforation and was repaired same as the enterotomies.

7. The abdomen was flushed with sterile saline and suctioned. The enterotomies were checked and omentum was wrapped around them to help blood supply to the sites. The abdomen was closed and heating pads and blankets were used to warm the patient. The dog recovered.

8. Dr. Stinnett contacted Complainants with the findings and the perforated bowel. She explained that antibiotics were administered IV during surgery and the dog would be kept on antibiotics and other GI medications overnight. Dr. Stinnett recommended the dog remain hospitalized throughout the following day for monitoring, IV fluids, treatment and rechecking blood work. Staff would be with the dog throughout the evening.

9. On August 16, 2017, Complainants state they called numerous times that morning and left messages at the office with the emergency contact. No return call was made to let them know how the dog did overnight. The premise opened at noon, therefore Complainants went to the premise to check on the dog. Staff advised them that it was recommended the dog stay to be monitored throughout the day and could be discharged that evening. It is not clear if they spoke with a veterinarian (Dr. Rudy Kirkhope was on duty) or if they were advised how the dog was doing.

10. Later that evening, at approximately 6pm, Complainants picked up the dog. They were advised by staff that the dog had eaten and it was recommended to feed small meals and limit fluids that evening. Medications were to be given – Rimadyl, famotidine, metoclopramide, and cephalexin. It is unclear if a veterinarian spoke to Complainants at discharge. Complainants reported that evening, the dog would not eat, he was panting, struggled to lie down, wanted to drink uncontrollably and they had to force the medication down his throat. By midnight, the dog was vocalizing in pain. Complainants waited until the following morning to take the dog in for care at Shea Animal Hospital – Respondent's premise did not open until noon.

11. The next morning (8/17), the dog was presented to Shea Animal Hospital and within the hour was transferred to Blue Pearl on emergency. Blue Pearl aspirated the dog's abdomen which was full of fluid; the dog was septic and was not a surgical candidate at that time. Complainants elected to humanely euthanize the dog.

12. Complainants expressed concern with the poor after-care of the dog and lack of communication they received. Calls were not returned with the condition of their dog the day after surgery and they had to go to the premise to find anything out. The dog was discharged with a fever and an elevated WBC. Complainants stated that upon discharge, the dog had his tail between his legs, ears down and was panting. They were told the dog was acting normal and was fine to go home. Lastly, when Complainants expressed their concerns to Respondent, he relayed he would do some investigating but did not return their call.

13. According to Respondent, Complainants were advised that if the dog was stable through the night they would get an update on the dog when the doctor on duty arrived the following day. If there were any significant changes, Complainants would be contacted. The elevated WBC was in a range typical of a post-operative patient. Respondent explained that he spoke with staff and was told that the dog was not panting at discharge or display signs of discomfort or distress. The dog was quiet/sedate and wagged his tail, appearing stable. He also stated that he did speak with Complainants and the veterinarian at Shea Animal Hospital personally by

phone and subsequently in writing after it became apparent that things were likely to become toxic.

**COMMITTEE DISCUSSION:**

The Committee discussed that the complaint was against the premise license holder, who did not treat the pet. However, as responsible veterinarian, he is in charge of hospital policies and procedures, staff, etc. Respondent was in contact with Complainant regarding his concerns and according to Complainant, stopped communicating and did not address his concerns or resolve the matter.

The Committee expressed concerns with the surgery and the management of the case by Respondent's associate, but not with Respondent, and recommended possibly opening a case against the surgeon, Dr. Stinnett.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 1, with Ms. Williams recused.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



Tracy A. Riendeau, CVT  
Investigative Division